

**STATE OF MONTANA
OFFICE OF THE STATE PUBLIC DEFENDER**

EXPEDITED TRANSCRIPT CLAIM FORM

Cause No. _____

Case Name: _____

Attorney Requesting Transcripts: _____

Dates of Hearings Requesting: _____

Date Ordered _____ Date Completed _____

Allowable Costs pursuant to Mont. Code Ann. § 3-5-604

EXPEDITED TRANSCRIPT COSTS

Original No. of Pages: _____ @ \$4.00 per page = \$ _____

First Copy No. of Pages: _____ @ \$.50 per page = \$ _____

Add. Copies No. of Pages: _____ @ \$.25 per page = \$ _____

Additional Costs: \$ _____

Summary of Additional Costs:

Total Amount Due: \$ _____

Court Reporter: _____

Court Reporter Signature and Date: _____

(Upon receipt of this bill, the OPD has 45 days to make payment for your services.)